

DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

SEP 17 2001

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;
I verily believe I am the original, first and sole (if ~~my name~~ name is listed below) or an original, first and joint inventor (if
plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SINGLE CRYSTAL SEED ALLOY

described and claimed in the specification:

Check one

*a ☒ attached hereto
b ☐ filed on _____

as _____ Application Serial No

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56. Under Title 35, US Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

GREAT BRITAIN PATENT APPLICATION NO 0012185.5
FILED 20 MAY 2000

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A Oliff, Reg No 27,075; William P Berridge, Reg No 30,024;
Kirk M Hudson, Reg No 27,562; Thomas J Pardini, Reg No 30,411; and
Edward P Walker, Reg No 31,450; Robert A Miller, Reg No 32,771 and
Mario A Costantino, Reg No 33,565

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE PLC, PO BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 Typewritten Full Name of Sole or First Inventor DAVID A FORD
Given Name Middle Initial Family Name

2 Inventor's Signature David A Ford

3 Date of Signature July 3 2001

Residence BRISTOL GREAT BRITAIN
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*If Box a is checked, this form may be executed only when attached to the specification (including claims) at the end

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1 **Typewritten Full Name**
of Second Joint Inventor (if any) _____
Anthony D. HILL
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** _____
Anthony D. Hill

3 ****Date of Signature:** _____
MAY 24TH 2001
Month Day Year



Residence: _____
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City State or Province Country

Citizenship: _____
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United Kingdom

1 **Typewritten Full Name**
of Third Joint Inventor (if any) _____
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** _____

3 ****Date of Signature:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country)

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any) _____
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** _____

3 ****Date of Signature:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country)

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any) _____
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** _____

3 ****Date of Signature:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country)

****Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.**
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.